OFFICE USE ONLY Applicant Name  Assessor's Signature Date:			,, ,, [		☐ Owner Occ ☐ Relative/R ☐ Relative/A ☐ Approved	esidential gricultural			
Date	··	<del> </del>	Determina	ation.	□ Approved	□ Deffied			
	omestead Applications are due by December 15. F		tructions b	efore comp	oleting this f	CR-H orm.			
	<b>Applicant Information</b> This section is to be completed by each applicant claiming homestead on the property. By completing this section. You certify that you are a Minnesota resident, and occupy the property described below as your primary place of residence. You also certify that the information you provide is true and correct to the best of your knowledge.								
	Applicant 1 First Name and Initial	Social Secu			y Number				
Applicant Information	Are you listed as an owner on the deed?   Yes   No								
	Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Legally Separated If married, does your spouse occupy the property? ☐ Yes ☐ No								
	Applicant 2 First Name and Initial Last Name		Soci		Social Security	ocial Security Number			
	Are you listed as an owner on the deed?   Yes   No								
	Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Legally Separated  If married, does your spouse occupy the property? ☐ Yes ☐ No								
	Address of Property		Property ID Number (from Property Tax Statement)						
	City	State	ZIP Code		County	1			
	Telephone number	Email							
	Previous Address	City	•	State	ZIP cod	le			
	Date Vacated		Was this property classified as homestead? ☐ Yes ☐ No						
	Owner Information		_						
	☐ Check here if the owner is a Minnesota resident.								
Owner Information	☐ Check here if you're applying for a relative homestead.  Name and address of the owner:								
	Relation to the owner:								
	☐ Check here if you're applying for an agricultural homestead (either owner-occupied or relative). Check all that apply.								
	<ul> <li>Neither you nor your spouse claims another agricultural homestead.</li> <li>Relative Only: Neither the applicant relative nor his/her spouse claim another agricultural homestead.</li> <li>Relative Only: There are no other agricultural relative homestead in Minnesota for this family.</li> </ul>								

Date purchased \_\_\_\_\_ Date occupancy established by applicant \_\_\_\_\_

Continued

ıtion	Property Owner First Name and Middle Initial		Last Name		Relationship to Applicant:					
Owner Information Continued	Owner's Street Address									
Owner	City State			ZIP Code		County				
Sign Here	Sign Here (Applicant)  I certify that the above information is true and correct to the best of my knowledge. Minnesota Statutes, section 609.41, states that anyone giving false information in order to avoid or reduce their tax obligation is subject to a fine of up to \$3,000 and/or up to year in prison.  Signature of Applicant 1  Date  Daytime Phone									
O,	Signature of Applicant 2	Date	Date			Daytime Phone				
ADDITIONAL QUESTIONS THAT MUST BE ANSWERED:  1. Do you have a Minnesota Driver's License? YES NO WILL GET If you answer no to this question, please explain. If yes, provide address shown on license.										
2.	Are your cars registered in Minnesota?  YES NO WILL GET  If you answer no to this question, please explain.									
3.	Do you file Minnesota Income Tax?  YES NO NOT REQUIRED  If you answer no to this question, please explain.									
4.	Do your children, if any, attend school in Minnesota?  YES NO N/A									
5.	Are you registered to vote in Minnesota?  YES NO  If you are registered to vote, you must vote in the city/township where you claim homestead.									
6.	Will any part of this property be rented to others?  YES NO  If you answer yes to this question, please explain.									
Please	mail this completed application and a	all required attach	ments to:							

nail this completed app Clay County Assessor 807 11<sup>th</sup> Street North Moorhead, MN 56560